SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits. 	sired. the reverse you.	A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Article Addressed to: JIM SORENSON STONE NO. (CTONE)	on /	
BROWNS CANYON STONE WORKS 7684 WHILEAWAY ROAD PARK CITY UT 84098	3. Service Type ☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number (Transfer from service label)	7014	0150 0000 1194 2845

Domestic Return Receipt

PS Form 3811, July 2013





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Sender: Please print your name, address, and ZIP+4® in this box

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